**[](https://www.foodbankccs.org/)** & 

**Get Help with Food!**

**We would like to help you get more food including fresh fruits and vegetables, to improve your health!**

Please read the following two statements and indicate whether they are often true, sometimes true, or never true (circle A, B, or C).

1. Within the past 3 months we were worried that our food would run out before we got money to buy more.
   1. Often true
   2. Sometimes true
   3. Never true
2. Within the past 3 months the food we bought just didn’t last and we didn’t have enough money to get more.
   1. Often true
   2. Sometimes true
   3. Never true

If you answered **A or B** to either statement, we invite you to fill out the Food Assistance Referral Form below.

Food Assistance Referral Form

A Food Bank staff member would like to help you with getting more food, through the CalFresh Program and the free food programs in your neighborhood. May a Food Bank outreach worker contact you? Check one:

Yes, I give permission for Food Bank staff to contact me (please fill out the information below)

No, I do not give permission for Food Bank staff to contact me (there is no need to fill out the information below)

|  |  |
| --- | --- |
| Name: | Phone#: |
| City of residence: | Preferred language: |
| City of Health Clinic: | Today’s Date: |

\* Please expect a phone call in three to five business days.

**Clinic Staff:** Please email or fax the completed referral to the Food Bank of Contra Costa and Solano

Email: [cwagner@foodbankccs.org](mailto:cwagner@foodbankccs.org) | Fax: (925) 674-8090